

SAMHSA's Mental Health Accomplishments for 2014:

Providing Leadership for Americans with Serious Mental Illness and their Families

Last year, SAMHSA provided national leadership to improve the lives of people with serious mental illnesses (SMI) and their families. SAMHSA coordinated these activities with a range of federal partners; state and local governments; and national, state, and local organizations.

Addressing the Needs of People with SMI through SAMHSA's Programs

- The vast majority of SAMHSA's mental health spending targets individuals with SMI. In FY 2014, 76.7 percent of funding appropriated to SAMHSA for mental health supported adults with or at risk for SMI and/or children with serious emotional disturbances (SED). This includes major programs such as the Community Mental Health Services Block Grant (MHBG); the Children's Mental Health Initiative; and the Primary and Behavioral Health Care Integration (PBHCI) program.
- SAMHSA, in coordination with the National Institute of Mental Health (NIMH) and other federal and state agencies, implemented a new MHBG 5% Set-Aside. The Set-Aside mandates that 5% of MHBG funds spent by each state or territory focus on early treatment for individuals experiencing the early stages of SMI, including a first episode of psychosis.
- SAMHSA received overwhelming support from Congress for many of the initiatives aimed at ensuring students and young adults get treatment for mental health issues. In FY 2014, SAMHSA awarded grants for Project AWARE (Advancing Wellness and Resilience in Education), which included funding for Mental Health First Aid, Healthy Transitions, Minority Fellowship Program – Youth, and through Health Resources and Services Administration (HRSA), awarded grants for the Behavioral Health Workforce Education and Training program. The Project AWARE grants are coordinated with major new programs with the Departments of Justice (DOJ) and Education (ED).
- SAMHSA leads HHS' effort to improve the quality of care for those with SMI by working closely with the Centers for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation to implement Section 223 of the Protecting Access to Medicare Act, which establishes certified community behavioral health clinics (CCBHC). This provision will improve access to community-based behavioral health care by enhancing Medicaid reimbursement for services provided by CCBHCs that typically serve a disproportionately large number of individuals with SMI.
- SAMHSA initiated a new program, Transforming Lives through Supported Employment, to promote the employment of people with SMI. For people with SMI, employment contributes to stability and independence. Unfortunately, many people with SMI are unemployed. These efforts include collaboration with states, ED, and the Department of Labor (DOL), among others.
- SAMHSA also continues to prioritize and implement major programs designed to meet the needs of people with SMI who experience criminal justice involvement, homelessness, and poverty (e.g., Behavioral Health Treatment Court Collaborative, Cooperative Agreements to Benefit Homeless Individuals, and Projects for Assistance in Transition from Homelessness).
- SAMHSA co-funds, with HRSA, the Center for Integrated Health Solutions (CIHS). CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings. In particular, CIHS provides technical assistance to SAMHSA's PBHCI grantees.
- SAMHSA's mental health budget also includes programs in areas such as suicide prevention, disaster response, and youth violence prevention, which also may serve people with SED and SMI.

Implementing the Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act (MHPAEA)

- SAMHSA continues to expand mental health treatment to millions more Americans, including those with SMI/SED, by working with HHS and stakeholder organizations to implement the ACA. SAMHSA provides education and outreach regarding enrollment, eligibility and behavioral health specific provisions of the ACA through technical assistance webinars, presentations by SAMHSA leadership, and special tools and materials for the LGBT community as well as ethnic and racial minorities.
- Because of the over-representation of people with SMI among Medicaid enrollees, Medicaid health homes are a central strategy for states as they develop coordinated systems of community-based care for people with SMI. SAMHSA consults with CMS on the Medicaid Health Homes program established under the ACA by reviewing states' proposals to ensure that there is a proper focus on behavioral health issues.
- SAMHSA is helping to implement MHPAEA, which requires most private health insurance providers to offer mental healthcare on par with primary healthcare. The parity effort is expanding services including to those with SMI – and represents an interdepartmental initiative among HHS, DOL and Treasury.

Leadership and Partnership

- SAMHSA co-chairs the HHS Behavioral Health Coordinating Council (BHCC) which includes a subcommittee on SMI, led by SAMHSA and NIMH. The SMI Subcommittee recently held its first meeting.
- SAMHSA leads the Federal Working Group on Suicide Prevention and co-manages the National Suicide Prevention Lifeline with the U.S. Department of Veterans Affairs (VA). SAMHSA also funds the National Action Alliance for Suicide Prevention, a public-private partnership whose mission is to advance the National Strategy for Suicide Prevention.
- SAMHSA's Administrator also serves as the HHS lead for the Interagency Task Force on Military and Veterans Mental Health which is tasked with implementing the President's Executive Order related to military, veterans and their families' mental health.
- Last year, SAMHSA convened a national symposium on Assisted Outpatient Treatment for those with SMI, followed by a dialogue on outreach and engagement of persons who need treatment and services.
- Over the last decade, SAMHSA has provided national leadership by developing and disseminating toolkits and materials for providers of mental health services around 11 evidence-based practices for individuals with SMI including Assertive Community Treatment, Medication Management, Integrated Treatment, Family Psychoeducation, Supported Housing, Peer Support, and others.
- For many years, SAMHSA has provided leadership by jointly funding, with the HHS Administration for Community Living, several Research and Rehabilitation Training Centers for people with SMI/SED.
- SAMHSA also provides leadership for persons with mental illness, including those with SMI and SED through other efforts including the creation of www.mentalhealth.gov, the White House Conference on Mental Health, the U.S. Interagency Council on Homelessness, and the Federal Partners Committee on Women and Trauma.